								Application or Dock t Numb r							
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000									09,963325						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			12					RATE		FEE	]	RATE	FEE		
FOR ·			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			12 minus 20=		· 6			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS					P			X40=			OR	X80=	,		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=			OR	+270=			
• If	the difference	in column 1 is	less than zero, enter "0" in column 2			į	TOTAL 355		OR	TOTAL	r				
CLAIMS AS AMENDED - PART II											•	OTHER			
		(Column 1) CLAIMS		(Colui		(Column 3)		SMA		ENTITY	OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	NTATION OF M	Minus	***	CL AIAA	]=		X40=	=		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+135	=		OR	+270=			
									AL EE		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column CLAIMS HIGHEST														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9	-		OR	X\$18=			
	Independent	NTATION OF M	Minus	***	CLAIM	<u> </u>		X40=			OR	X80=			
L	TINOT PRESE	INTATION OF MI	JETIFEE DEF	LINDEIN	OLAIM		<b>'</b> [	+135	=		OR	+270=			
									AL EE		OR	TOTAL ADDIT. FEE			
AMENDMENT C	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9:	-		OR	X\$18=			
	Independent	ndependent • Minus •••  IRST PRESENTATION OF MULTIPLE DEPENDEN		CL AIM	<u> </u> =		X40=		•	OR	X80=				
<u> </u>	THIS PRESENTATION OF MOUTIFLE DEPENDENT CLAIM						<b>'</b>	+135=			OR	+270=			
" If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE												TOTAL			
•••	If the "Highest Nu	mber Previously Pa ther Previously Pa	aid For IN THI	S SPACE	is less tha	n 3, enter "3."				ropriate box	•	ADDIT. FEE <b>l</b> umn 1.			